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U.S. PTOU.S. PTO
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UTILITY PATENT APPLICATION TRANSMITTAL

 DUPLICATED

Address to:
Assistant Commissioner for Patents
Box PATENT APPLICATION
Washington, DC 20231

Attorney Docket No.	BEU/FORESITE4
First Named Inventor (or identifier)	Kenneth J. MYERS
Total Pages	25 (Including Transmittal)

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled: SPLIT IMAGE STEREOSCOPIC SYSTEM AND METHOD

1. Submitted herewith are the following:

15 pages of specification and 1 Application Cover.

1 Abstract.

1 sheet(s) of drawings (Figures 1-6, 7A, 7B and 7C) - Informal.

6 pages of claim(s) 1-20 (5 Indp./15 Dep./0 Multiple Dep.).

0 Oath/Declaration signed by each inventor.

0 signed Inventor Small Entity Statement(s).

0 signed non-Inventor Small Entity Statement(s).

0 signed Small Business Small Entity Statement(s).

0 signed Non-Profit Small Entity Statement(s).

0 Preliminary Amendment.

0 Information Disclosure Statement(s).

0 pages of Form PTO-1449, and one copy of each document listed thereon.

0 Assignment of the invention, Cover Sheet, and payment of the \$ _____ recordation fee.

0 certified copy of application no. _____ filed in _____. Priority is claimed.

0 check in the amount of \$ _____ including any assignment recordation fee.

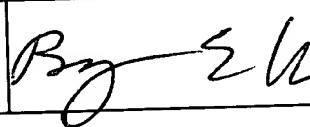
2. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.
3. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number _____ filed _____. --
4. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number _____ filed _____. --
5. This application is being filed WITHOUT a signed Declaration and WITHOUT fees.

THE FILING FEE IS CALCULATED AS FOLLOWS:

Basic Fee: \$690.00

Total Claims:	20	- 20 =	0	X \$18 =	0
Independent Claims:	5	- 3 =	2	X \$78 =	156.00
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176			Multiple Dependent Claim (add \$260.00): Subtotal: \$846.00		
			50% Reduction if Small Entity Status: Total: \$423.00		

Phone: 703-683-0500 Fax: 703-683-1080

Date:	Name:	Signature:	Reg. No.
30 March 2000	Benjamin E. Urcia, Esquire		33,805

(29Dec1999)